

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	INSULATING FACE MASK
As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
<input checked="" type="checkbox"/> The attached application, or	
<input type="checkbox"/> Application No. _____, filed on _____,	
<input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.	
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that wilful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	Frank Colletti
Signature: Frank Colletti	Citizen of: United States
Inventor two:	
Signature: _____	Citizen of: _____
Inventor three:	
Signature: _____	Citizen of: _____
Inventor four:	
Signature: _____	Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01A (02-03)
Approved for use through 08/30/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	INSULATING FACE MASK
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<input checked="" type="checkbox"/> The attached application, or <input type="checkbox"/> Application No. _____, filed on _____ <input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
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All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)

Inventor one: _____

Signature: _____ Citizen of: _____

Inventor two: CHARLES RAUTH

Signature: [Signature] Citizen of: USA

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	9/30/03
First Named Inventor	FRANK COLLETTI
Title	ALULATING FINE MISC
Art Unit	
Examiner Name	
Attorney Docket Number	COLLETTI-1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

38563

OR

☐ Practitioner(s) named below:

Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

38563

☐ Firm or Individual Name

Address	
Address	
City	
Country	
Telephone	
Fax	
Zip	
State	

I am, the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Frank Colletti
Signature	Frank Colletti
Date	9/25/03
Telephone	516-457-5848

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
PTO/SB/1 (03-03)

Application Number	9/30/03
Filing Date	9/30/03
First Named Inventor	FRANK COLLETTI
Title	INVENTING FIVE NEW
Art Unit	
Examiner Name	
Attorney Docket Number	COLLETTI - 1

I hereby appoint

☒ Fractioners associated with the Customer Number:
38563

OR

☐ Fractioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:
38563

Signature of all the inventors or assignees of record of the entire interest in the invention is required. See 37 CFR 3.71. (Form PTO/SB/9)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Name: CHARLES R. RAUTH
Signature: [Signature]
Date: 9-25-03
Telephone: 718 855 1228

NOTE: Signatures of all the inventors or assignees of record of the entire interest in the invention are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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